

PROFIT

Promoting Financial Investments and Transfers
to Involve the Commercial Sector in Family Planning

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PRIVATE SECTOR SUBPROJECT

ROMANIA

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by

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**Deloitte Touche
Tohmatsu**

Deloitte Touche Tohmatsu International
in association with:
Boston University Center for International Health

Multinational Strategies, Inc.

Development Associates, Inc.

Family Health International

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Family Health International

The PROFIT (Promoting Financial Investments and Transfers) Project seeks to mobilize the resources of the commercial sector to expand and improve the delivery of family planning services in selected developing countries. The PROFIT Project is a consortium of five firms, led by the international management consulting firm of Deloitte Touche Tohmatsu and including the Boston University Center for International Health, Multinational Strategies, Inc., Development Associates, Inc., and Family Health International.

This report is part of a series of PROFIT Evaluation Reports, which address various topics related to private sector family planning. The studies grow out of PROFIT subprojects within the following three strategic areas: innovative investments, private health care providers, and employer-provided services.

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ACRONYMS

CDC	U.S. Centers for Disease Control and Prevention
DHS	Demographic and Health Survey
FP	family planning
IEC	information, education, and communication
IMOC	Institute for Mother and Child Care or the Romanian Ministry of Health
IUD	intra-uterine device
KAP	knowledge, attitudes, and practices
NGO	nongovernmental organization
NPA	National Pharmacists' Association (Romania)
OC	oral contraceptive
PROFIT	Promoting Financial Investments and Transfers Project
RHS	Reproductive Health Survey
SECS	Society for Education and Counseling in Sexuality
T-O-T	Training of Trainers
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
USAID/G/PHN/POP	U.S. Agency for International Development's Office of Population

EXECUTIVE SUMMARY

The PROFIT (Promoting Financial Investments and Transfers) Project, funded by the U.S. Agency for International Development's Office of Population (USAID/G/PHN/POP), sought to involve the commercial sector in meeting family planning objectives. The USAID Mission in Romania requested that PROFIT conduct an assessment of opportunities to expand usage of modern contraceptives through the private sector, which was completed in August 1994. USAID subsequently contracted with PROFIT to implement the proposal contained in that assessment. A subproject was initiated in 1995 to serve two objectives: 1) to increase the knowledge and use of modern contraceptive methods among young adults (15–24 years old), and 2) to increase the use of private pharmacies as a source for modern contraceptive methods. This report describes the progress of the subproject from October 1995, when the subcontract was signed, through September 1997.

In March 1996, the PROFIT Project Office was established in Bucharest, and a Country Representative was hired. PROFIT contracted with a Romanian research organization to study private pharmacists' management practices, their knowledge of and attitudes toward family planning, and their level of interest in receiving training and displaying promotional materials. Face-to-face interviews were conducted with a representative sample of 597 pharmacists who managed private pharmacies, and six focus groups were held that included 49 pharmacists. Data obtained from the interviews and focus groups were used as a baseline to measure the success of the program and to design training and promotional activities with pharmacies. PROFIT also used the quantitative data collected about the pharmacists as part of the 1994 USAID-sponsored assessment.

Terms of Reference for the information, education, and communication (IEC) were developed and distributed to three advertising firms, and proposals were received and reviewed. As a result of that process, PROFIT contracted with a Romanian public relations firm to conduct an IEC campaign targeted to Romania's urban youth. The firm's first task was to conduct formative research with the target audience members to assist in the design of the campaign. The campaign combined the use of interpersonal and mass media communication channels to transmit key messages.

Simultaneously, activities for the training of pharmacists were in progress. Trainers were recruited and trained; the training curriculum and materials were developed, pretested, and revised; and, near the end of the year, the first pharmacists' training was conducted in Bucharest. Along with the other materials, a

pharmacist's guide was developed that included the major elements of the training curriculum. The guide was designed to be distributed to all private pharmacists in Romania to assist in improving their knowledge of contraceptive technology and the quality of services they provided. In addition, a marketing guide for pharmacists was developed in response to their request for such a guide. The PROFIT Country Representative worked with the National Pharmacists' Association as well as university departments of pharmacy throughout the country.

Three main conclusions can be drawn from PROFIT's experience. First, the success realized was due in large part to the Country Representative's experience with USAID, knowledge of the private sector, and commitment to reproductive health issues. Second, PROFIT's collaboration with the National Pharmacists' Association (NPA) and university departments of pharmacy gave credibility to the program and allowed it to utilize the existing nationwide organizational structure to facilitate implementation of its activities. Third, there was a great demand for information and education about modern contraceptive methods both pharmacists and from young adults.

INTRODUCTION

I.

The PROFIT (Promoting Financial Investments and Transfers) Project was funded by the U.S. Agency for International Development's Office of Population (USAID/G/PHN/POP). PROFIT sought to mobilize the resources of the for-profit commercial sector to pursue family planning objectives. The USAID Mission in Romania requested that PROFIT conduct an assessment of opportunities to expand usage of modern contraceptives through the private sector.¹ That assessment report, completed in August 1994, included a proposal to exploit those opportunities. USAID later contracted with PROFIT to implement that proposal. This report describes the progress of this subproject from October 1995 through September 1997.

A. Brief Description of the Subproject

The objectives of this subproject were:

- # to increase the knowledge and use of modern contraceptive methods among young adults (15–24 years old)
- # to increase the use of private pharmacies as a source for modern contraceptive methods.

In order to accomplish these objectives, PROFIT developed a broad-based information, education, and communication (IEC) campaign targeted to young adults to increase their knowledge and use of modern contraceptive methods and to inform them about private pharmacists as providers for modern methods. The IEC campaign included television, radio, print media, and special events.

PROFIT also developed a training program for private pharmacists to increase their knowledge about modern contraceptive methods and improve the quality of care they provide to their clients. The approach involved the training of trainers (T-O-T), in-person training of private pharmacists, and development, printing, and distribution of a contraceptive technology and quality-service guide as well as a marketing guide for all private pharmacists.

¹Susan Mitchell and Frank Feeley, *Marketing Assessment for the Sale of Contraceptives in the Private Sector: Romania*. Arlington, VA: PROFIT Project, September 1994.

Finally, PROFIT implemented a plan to ensure the availability of contraceptives through private pharmacies. Individuals from local pharmaceutical companies and local distributors were recruited as trainers and/or resource people during the pharmacist training workshops. In this way, they became acquainted with the individual pharmacists, established themselves as contacts for the pharmacists to order products, and initiated a local professional network.

B. PROFIT's Role and Participation

In October 1995, PROFIT received a \$1.1 million buy-in from USAID to develop this nationwide project. These funds defray staff expenses, program costs, and operational expenses. In May 1996, an additional \$110,000 was received, bringing the total to \$1.21 million.

C. Summary of Baseline Information

The Romanian Reproductive Health Survey (RHS) conducted in 1994 revealed that, while there is a high awareness of modern contraceptives among women in union (98 percent), birth control is dominated by traditional methods such as abortion and abstinence (43 percent). The use of modern methods remains relatively low (14 percent). Moreover, the survey indicated four out of five users of traditional methods had no intention of changing their current method. As a result, the abortion rate is one of the highest in the world. There were 992,265 reported abortions in Romania in 1990, and, according to the 1993 RHS, there were 2.4 abortions for every live birth.

The heavy reliance on traditional methods is attributed to several factors. The most frequently mentioned are fear of side effects, partner preference, and lack of information. In addition, accessibility and cost were cited by one-third of traditional method users as important reasons for not using contraceptives. Under the communist system, family planning was illegal, and information about modern contraceptives was restricted in Romania for over 20 years. More damaging was the systematic promulgation of misinformation about the methods. Since the revolution in 1989, the ban on contraceptives has been lifted, but no large-scale educational effort has been undertaken.

Because there has been limited involvement of medical providers in the delivery of family planning, retail pharmacies have emerged as an important source of contraceptive information and supplies in Romania. According to the RHS, pharmacies were the source of contraceptives for 39 percent of women in union who used a contraceptive method. Pharmacies supplied 59 percent of condom users, 42 percent of pill users, and 16 percent of intra-uterine device (IUD) users.

In 1994, USAID requested that PROFIT conduct an assessment of opportunities to increase the use of modern contraceptive methods through the commercial sector. The assessment recommended that the use of abortion and traditional methods could be reduced in favor of modern methods through training pharmacists in family planning methods, in ways to provide consumers with correct information on modern methods of contraception, and in basic business skills. The study also recommended a survey of pharmacists.

In April 1996, PROFIT contracted with a research organization to undertake a study of private pharmacists' knowledge of and attitudes toward family planning, their level of interest in receiving training and displaying promotional materials, and their knowledge of basic business practices (i.e., inventory and cash management). Face-to-face interviews were conducted with a representative sample of 597 pharmacists who managed private pharmacies in the five geographic areas of Romania, and six focus groups were held, involving 29 pharmacists from the cities of Bucharest, Cluj, and Iasi. Among the most important findings from the study were the following:

- # Ninety-three (93) percent of pharmacists are women.
- # Pharmacists in private pharmacies view themselves as health professionals rather than as business people.
- # Contraceptive sales represent only a small proportion of private pharmacists' total revenues.
- # Cash flow is a major problem for private pharmacies in large part because of delays in government reimbursements for discounted prescriptions sold to patients unable to pay full price.
- # Pharmacists expressed an interest in and willingness to pay for training concerning new products and new manufacturers.

Respondents in the study also said that although contraceptive products are available, inventories are kept low due both to a lack of credit for purchases and to cash flow constraints resulting from slow reimbursement for state-subsidized products. Pharmacists said that they believed that additional training would improve their ability to educate clients seeking to purchase contraceptives.

In order to design the IEC campaign, qualitative data were collected also from the target audience members. Four focus group discussions were held with 31 participants: 17 women and 14 men, ranging in age from 16 to 25 years. Two of the focus group discussions were held in Bucharest, and two were held in Costinesti, a seaside resort area where people from all parts of the country were vacationing. The focus group participants represented a variety of educational levels.

The main findings of the audience research were as follows.

Knowledge

- # Most participants had incorrect information about the relative safety of using oral contraceptives (e.g., they stated that the “pill” almost always caused the following problems: heavy bleeding during menstrual periods, destruction of the vaginal mucous membranes, hair growth on the face and arms, and cancer).
- # Most participants had little or no knowledge of where they could get information, supplies, and/or services.

Attitudes

- # Generally, female virginity at marriage is not considered important by either gender.
- # Cohabitation is considered an acceptable practice among a majority of young adults.
- # Most men consider it women’s responsibility to prevent pregnancy. This is especially true among those with lower educational levels (i.e., three years or less of college).
- # Families should be kept to two children so that parents can provide a higher quality of life for the children in the family.
- # Participants wanted to receive IEC messages that were decent, funny, concrete (specific), and intelligent, as well as short, explicit, and accurate. They suggested that when information is presented via a TV show, it should not be from a doctor, it should be “lively,” and it should use non-technical language.
- # Out of the 31 participants in the focus groups, only two had visited a family planning center.
- # Most participants said they did not use public clinics for services and/or information because they were afraid there was no confidentiality, they believed the services to be of low quality, and they believed the interaction with the medical personnel would be unsatisfactory.

Practices

- # Males begin sexual activity at about age 14 or 15.
- # Females begin sexual activity at about age 16 or 17.
- # Age at marriage is 24 for males and 21 for females. Therefore, males are sexually active up to 10 years before marriage, and females up to five years.
- # When participants purchase condoms, they do so from a kiosk or small shop but seldom from a pharmacy because they are too embarrassed to ask for them.

- # Most participants in the focus groups ranked “friends from their neighborhood” as the first source of information on issues of sexuality. The next most-used sources were colleagues and friends from school, older brothers or sisters, parents (more frequently for women), TV and radio programs, and magazines and books.
- # The participants reported that the most important communication channel through which to receive information on the topic is interpersonal communication.

D. Evolution of the Subproject

USAID/Romania requested that PROFIT conduct an assessment of opportunities to expand usage of modern contraceptives through the private sector in Romania. This report, *Marketing Assessment for the Sale of Contraceptives in the Private Sector in Romania*, included a proposal for a project to exploit those opportunities. (In May 1997, PROFIT updated this report.) USAID funded PROFIT’s implementation of that proposed project in October 1995. This PROFIT subproject had three major components:

- # an IEC campaign targeted to young adult consumers with the objective of increasing knowledge of family planning, increased use of modern contraceptives, and increased use of private pharmacists for contraceptive services
- # a training program for private pharmacies with the aim of increasing knowledge and skills related to providing contraceptives, educating consumers about family planning, and improving business practices
- # an effort to improve the availability of contraceptives in private pharmacies by facilitating communication between pharmaceutical distributors and pharmacies.

Project implementation was initiated with the establishment of a PROFIT office in Bucharest and the hiring of a Country Representative in March 1996.

ACHIEVEMENT OF THE SUBPROJECT'S GOALS

II.

A. Summary of Goals and Data Collection Methods

The major input goals to this subproject were:

- # to train 12 trainers to conduct pharmacists' training sessions
- # to train staff from 50 private pharmacies in contraceptive technology, management, and better-quality client-care skills
- # to develop, print, and distribute a guide for pharmacists on contraceptives, management, and quality client-care skills
- # to design and monitor an IEC campaign to educate young adult consumers about modern contraceptives, motivate them to use contraceptives, and advertise the availability of contraceptive services from private providers (with an emphasis on pharmacists)
- # to improve the availability of commodities in private pharmacies by facilitating communication between distributors and pharmacists.

The short-term goals of this subproject were:

- # to train staff from 50 private pharmacies to provide quality services to contraceptive clients
- # to educate and motivate young adult consumers to seek contraceptive services through private pharmacists.

The long-term goals of this subproject were:

- # to increase sales of contraceptives in private pharmacies
- # to contribute to USAID's goal of increasing the use of alternative (private) family planning providers.

The main data collection methods of the subproject were as follows:

1. Baseline Data

- # PROFIT contracted with a marketing research firm to gather baseline data through in-depth interviews with a representative sample of 600 pharmacists on contraceptive products in stock, pricing, and current product sales, knowledge and attitudes toward family planning, and interest in training.
- # An advertising firm was selected to conduct the IEC campaign organized qualitative research with the target audience members.
- # A quantitative survey of knowledge, attitudes, and practices (KAP) was conducted by the U.S. Centers for Disease Control and Prevention (CDC), in conjunction with the Romanian Ministry of Health's Institute for Mother and Child Care (IOMC). The survey respondents were young adults aged 15–24, the same group that the PROFIT IEC campaign targets with its messages. Since that survey was completed just before the IEC campaign was launched, the survey results will be used as baseline data in subsequent reports.
- # A quantitative survey of message penetration as well as knowledge, attitudes, and practices (KAP) was conducted by a research firm at the mid-point of the IEC campaign to determine the appropriateness of its strategies to reach the target audience and the effectiveness of its messages and media selection. Since the same survey was conducted at the end of the project, the results will be used as a baseline for comparison purposes.

2. Training Data

- # Pre- and post-training assessments of knowledge were given during the training workshops.

3. Follow-Up Data

- # PROFIT country staff provided monthly reports describing progress on activities.
- # At the end of the IEC campaign, a quantitative survey was conducted by an independent research firm to assess the reach of the campaign and the extent to which the intended messages were interpreted accurately. The results of this survey were used as an evaluation method. The final evaluation report of the IEC campaign was completed in September 1997.

B. Inputs

Table II-1 shows the input goals, indicators, data sources, and results of the subproject.

Table II-1 Input Goals, Indicators, Data Sources, and Results			
Goal/Objective	Measurable Indicator	Source of Information	Status
Through an IEC campaign, to educate consumers (aged 15–24) about modern methods of contraceptives and and motivate them to use them and to obtain them through private providers, especially pharmacists	<ul style="list-style-type: none"> • Issue Terms of Reference • Select firm to implement • Conduct formative research • Implement work plan • Evaluate reach of campaign and effectiveness of its messages 	<ul style="list-style-type: none"> • Country staff monthly reports • CDC pre-survey of youth completed in September 1996 • Mid-term survey to be completed by April 1997 • Post-survey completed in September 1997 	<ul style="list-style-type: none"> • In August 1996, contracted with firm to conduct IEC campaign • Campaign was launched October 28, 1996 • Mass media, including TV, radio, and print materials, were used 323 times • Mid-term and final evaluation completed
To train trainers to conduct training of pharmacists	Train 12 trainers	Training report	Thirteen trainers trained October 25–27, 1996
To train staff from 50 private pharmacies in contraceptive technology, management, and quality client-care skills	Train staff from 50 private pharmacies by June 30, 1997	<ul style="list-style-type: none"> • Training report • Post-training survey with trained and untrained pharmacists for comparison, completed in September 1997 	<ul style="list-style-type: none"> • 11 training workshops held from December 1996–May 1997, training 195 pharmacists from 92 pharmacies and 8 physicians • Post-training survey completed with trained and untrained pharmacists for comparison

Goal/Objective	Measurable Indicator	Source of Information	Status
To develop a guide for pharmacists on contraceptives, management, and quality patient care skills	<ul style="list-style-type: none"> • Develop guide • Distribute guide to 2,000 pharmacies 	<ul style="list-style-type: none"> • Country staff monthly reports • Post-training survey completed with pharmacists to assess recall of receiving guide 	<ul style="list-style-type: none"> • In March 1997, the guide was printed and distributed to 3,000 private pharmacists; another 1,500 copies were distributed to university pharmacy departments, NGOs, and government agencies. • In September 1997, a marketing and management guide was developed and distributed to the same groups
To improve availability of commodities in private pharmacies by facilitating communication between distributors and pharmacists	Recruit at least one distributor to serve as a resource at each training workshop	<ul style="list-style-type: none"> • Country staff monthly reports • Training reports 	Representatives from various distributors provided information at 11 training workshops

In August 1996, PROFIT contracted a Romanian public relations, advertising, and communications firm to conduct an IEC campaign targeted to Romania's urban youth, with the purpose of providing correct information on modern contraceptives. The firm's first task was to conduct qualitative research with the target audience. Four focus group discussions were held with 31 participants (17 women and 14 men, ranging in age from 16 to 25 years). With the results of the focus group discussions, PROFIT staff and the advertising team members defined six core messages around which the campaign would be developed. The campaign combined interpersonal and mass media communication channels to transmit key messages. It was launched during the week of October 28, 1996, in Bucharest. A logo was developed for the campaign, which portrayed a silhouette of a young man and woman and was accompanied by a slogan (in Romanian) which translates roughly as, "Love Carefully — You Can Choose When to Have a Child."

Scripts were drafted for 10 TV clips, each five-and-a-half minutes long. This format was used so that the short episodes could be shown either individually or together as a 55-minute program. The TV show depicts a young couple role-modeling their process of decision-making about becoming sexual

partners and taking responsibility for using modern contraceptive methods to prevent an unplanned pregnancy. The story also addresses and corrects myths and misconceptions about various methods.

Through September 1997, mass media were used 323 times. TV and radio were used 53 times (prepared spots, episodes, newscasts, talk shows, interviews). Print media were used 61 times (newspapers and magazines). In addition, there were 11 “special events” during which guest speakers facilitated group education sessions, panels of knowledgeable peers solicited questions/comments from an average of 150 audience members, or mass media representatives were briefed about their roles and responsibilities in providing accurate information to the public on modern contraceptive methods and service providers. There were 21 “street campaigns,” during which informational brochures were distributed and young adults were advised about the planned “special event” and invited to attend. A mid-term evaluation of the campaign was completed in April 1997. The results of that evaluation were used to improve and expand the reach of the campaign messages. A final evaluation of the campaign was completed in September 1997.

Two quantitative surveys were conducted to evaluate the campaign. The data were gathered nationwide in April and in September 1997 from a representative sample of the target audience—men and women between 15 and 27 years old who live in urban areas. The results of the mid-term research were used to improve and increase the reach of the campaign messages. *Table II-3* compares three results from the two surveys that relate to the subproject’s objectives.

Table II-2 Comparison of Results from Mid-Term Quantitative Surveys of Romanian IEC Campaign				
Finding		Mid-Term Survey (% of respondents)	Final Survey (% of respondents)	Variance
Respondents recalled (unprompted) at least one campaign message received via the various channels	TV	18	24	6
	Radio	9	10	1
	Print	17	25	8
Respondents who reported using a specific method at most recent sexual intercourse	Women	47	60	13
	Men	61	64	3
Respondents who reported obtaining modern contraceptive methods from pharmacies	Women (oral contraceptives)	28	73	45
	Men (Condoms)	57	61	4

Originally it was anticipated that the results of the CDC Youth Survey would be used as a baseline and would be compared to the final survey results. However, the CDC survey data were not disaggregated for urban-only respondents, making them unusable for PROFIT's purposes.

During October 1996, 13 candidates (out of 34 applicants) were selected to be trainers for the pharmacists' training. The PROFIT team recruited the trainers by contacting local pharmaceutical companies, distributors, the Society for Education and Counseling in Sexuality (SECS), a local family planning NGO, the National Pharmacists' Association (NPA), and other professionals who had been recommended by these organizations.

Individuals from local pharmaceutical companies and distributors were recruited as trainers and/or resource people during the pharmacists' training workshops. In this way, they have become acquainted with the individual pharmacists, establishing themselves as contacts for the pharmacists to order products.

The Training of Trainers (T-O-T) was conducted October 25–27, 1996, with 13 participants. The objectives of the T-O-T were to:

- # be able to use participatory training methods to present contraceptive facts and accurately answer questions
- # pretest and adapt the materials for the pharmacists' guide, "Contraceptive Technology and Quality Service"
- # be able to effectively train pharmacists in contraceptive technology and quality service.

During the T-O-T, training materials were pretested and adapted to the Romanian context, including a trainer's manual, teaching aids, technical references, participants' handbook, and pharmacists' guide to dispensing contraceptives.

The PROFIT Country Representative worked with the National Pharmacists' Association to train 195 private pharmacists from 92 pharmacies and eight physicians during the life of the project. Eleven training workshops were held around the country from December 1996 to May 1997.

In March 1997, "Contraceptive Technology and Quality Services: Guide for Pharmacists" was finalized, printed, and distributed to 3,500 private pharmacists in Romania. Another 1,500 copies were distributed to university pharmacy developments, NGOs, and government agencies. The United Nations Population Fund (UNFPA) will adopt this guide for use by all health professionals.

Although not part of the original subproject goals, PROFIT produced a guide on marketing and management. This guide highlights the main tools of marketing and management, specifically tailored for private pharmacists in Romania. Four thousand copies of this guide were printed and distributed to private pharmacists in September 1997.

In late August and early September 1997 research was conducted with pharmacists to assess the results of the pharmacists training and guide, contraceptive stock, the sales and prices of contraceptive products, and the knowledge and attitudes regarding contraceptive services.

A quantitative survey was conducted during phone interviews with 169 pharmacists. These pharmacists were of two groups. The experimental group was 67 pharmacists that participated in a PROFIT training workshop. The other group, the control, was made up of 102 private pharmacists who had not participated in any training workshops and were matched for several characteristics with the experimental group. The control group members were drawn from the same geographic area as the experimental group members, had to be practitioners, in an executive position, currently working in a private pharmacy. *Table II-3* highlights some important results of this research.

Table II-3 Key Results from Quantitative Survey of Romanian Pharmacists				
Variable		Experimental Group (n=67)	Control Group (n= 102)	Variance
Mean Age (years)		41	42	1
Gender (percent)	Female	99	99	–
	Male	1	1	–
Mean Years of Experience		16.7	18.3	1.6
Increase in Contraceptive Sales over the Past Year (percent)	Oral Contraceptives	82.1	73.5	8.6
	Condoms	83.6	71.6	12
	Spermicides	85.0	69.6	15.4
Lack of Supply (i.e., number of clients who requested contraceptives that were not in the pharmacy at the time)		43	59	16
Knowledge (indicator question: “What would you tell a client who misses two or more doses of contraceptives?”)	Percent Correct	64.2	51.0	13.2
Quality Client Care (i.e., explained mechanism of action, how to use, side effects, and effectiveness rates) (percent)	Mechanism of Action	47.8	40.2	7.6
	Use	61.2	55.9	5.3
	Side Effects	38.8	18.6	20.2
	Effectiveness	59.7	39.2	20.5
Availability of Educational Materials	For Self	64.3	61.8	2.5
	For Clients	47.7	41.3	6.4

These results show that the training of pharmacists has been very successful on a number of measures. In addition to these quantitative measures, the qualitative feedback received from the trained pharmacists also supports that training of pharmacists has increased their contribution to the expansion of contraceptive services.

C. Short-Term Outcomes

Table II-4 shows the goals, indicators, data sources, and results related to short-term outcomes.

Table II-4 Short-Term Goals, Indicators, Data Sources, and Results			
Goal/Objective	Measurable Indicator	Source of Information	Status
To educate and motivate consumers to seek family planning (FP) services through private providers	IEC campaign messages reached 10 percent of the young adult population (300,000 youths)	Survey data	Mid-term survey conducted in May 1997
To train staff from 50 private pharmacies in contraceptive technology, basic business practices, and quality client care skills	<ul style="list-style-type: none"> Staff at 50 private pharmacies have increased knowledge about contraceptives Staff report adoption of new practices regarding interactions with clients 	Pre- and post-training workshop knowledge tests and practice logs	For all the 11 training workshops, knowledge between pre- and post-training test increased an average of 31 percent

Eleven training workshops, with a total of 195 participants, were held around the country between December 1996 and May 1997. Knowledge increased 31 percent between the pre- and post-training tests for all 11 workshops.

D. Long-Term Outcomes

Table II-5 shows the longer-term goals, indicators, data sources, and results.

Table II-5 Long-Term Goals, Indicators, Data Sources, and Results			
Goal/Objective	Measurable Indicator	Source of Information	Status
To increase sales of contraceptives in private pharmacies	Increases in sales of contraceptive products over time at private pharmacies	Data on volume of sales	Between May 1996 and July 1997, sales of oral contra-ceptives (OCs) at private pharmacies increased 25 percent, while sales all products increased just 17 percent*
To contribute to USAID's goal of increasing the use of alternative (private) FP providers	Number and percent of consumers who receive their FP services from private providers	Mid-term and final survey conducted by Mercury Research and consultants for PROFIT Project	Between April and September 1997, there was a 45 point increase in the number of young adult women who reported obtaining their OCs from private pharmacies**
* Globalpharm, Ltd. pharmaceutical sales data in Romania, September 1997 ** Results of mid-term and final surveys conducted by Mercury Research and consultants for PROFIT Project. In data collected in September 1997 by the CDC, 36 percent of women reported obtaining OCs from private pharmacies, but these data were for urban and rural women combined.			

CONCLUSIONS AND LESSONS LEARNED

III.

A. Conclusions

- # A key to the success of the subproject was the PROFIT Country Representative's experience with USAID, knowledge of the private sector, and commitment to reproductive health issues. The Country Representative's previous experience contributed significantly to the subproject's accomplishments.
- # Conducting quantitative research among private health care providers — which was undertaken as part of the 1994 USAID-commissioned assessment of opportunities to increase use of modern contraceptive methods in Romania — provided a good first step in designing and implementing an effective program.
- # The collaboration between PROFIT and the National Pharmacists' Association (NPA) and university pharmacy departments was crucial to training private pharmacists. PROFIT used the existing nationwide structures of these groups to enlist its members as contacts. The NPA contacts proved valuable in recruiting participants as well as in providing logistical support for the workshops. PROFIT's affiliation with NPA gave it credibility among pharmacists. For example, the president of the national organization was also the chair of the Department of Pharmacy at the University of Bucharest. He had educated many pharmacists, who held him in high esteem. Thus, his endorsement of PROFIT's training of pharmacists, his help in securing the university as the site of the workshop, his assistance in recruiting participants, and his presence as a trainer contributed significantly to the success of the training.
- # PROFIT's training-of-trainers (T-O-T) approach and selection of trainers from various geographical areas contributed to the success of the effort in a variety of ways. First, the 14 individuals selected as trainers were respected professionals, and their eminence gave credibility to PROFIT's training activities. Second, having trainers from the region where the training workshops would be held meant that the trainers were knowledgeable about local resources, provided the trainees with follow-up support, and began a networking process among the pharmacists.

The trainers also assumed responsibility for adapting the training curriculum to the Romanian context, developing supplemental training materials, and translating the materials. Given the

- expertise of the trainers, their adaptation of the curriculum and the training materials were of the highest quality and were acknowledged as such by the National College of Pharmacy.
- # There is a high demand for information and education on modern contraceptive methods. This fact was demonstrated by the large number of pharmacists who applied for the workshops as well as by their evaluations, in which they specifically asked for “more training workshops.” The positive response to the IEC campaign by young adults was demonstrated by the large numbers of attendees at the group educational sessions, call-ins to TV and radio shows, and mail-in requests for more information.
- # PROFIT found that pharmacists were hesitant to provide information about the location of their pharmacies or their stocks or sales request in the initial pre-training invitation. Pharmacists reported later that they feared the information would be used against them, such as by the government to tax them. This mistrust is likely a legacy from the communist era.
- After the training, pharmacists were more willing to provide the location of their pharmacies but reported that they did not know their stock or sales levels. They reported that keeping track of stock and sales is not typically done and that such activities are not viewed as normal business practices. The final research with pharmacists was collected by a company known to and trusted by pharmacists and the information gathered seemed quite credible.
- # Research capabilities of some in-country organizations fell short of U.S. standards. As a result, PROFIT provided extensive technical monitoring and assistance for the required research activities.
- # Acknowledging the medical hierarchy is an important consideration to ensure successful outcomes. Working with doctors contributed to the success of the initiatives with the pharmacists. Doctors were part of the training team, along with pharmacists, communication specialists, and marketing and business experts. Having doctors as trainers deflected criticism from the physicians about the training of pharmacists and it made the training credible for doctors and pharmacists. In fact, from time to time doctors attended the training workshops as participants. Although eventually their attendance proved useful to pharmacists in forming local networks, initially the doctors tended to dominate the training. Fortunately, the skills of the trainer responsible for communication sessions were used to restore a balance in the level of participation by members from the two groups. Our experience suggests that doctors and pharmacists should not be trained at the same time, but that one be used as resource people during the other’s training to encourage the concept of a team approach to health care.

B. Lessons Learned

- # The use of staff with commercial experience can be very useful in commercial sector development projects.
- # Working closely with respected professional organizations and individuals can provide credibility and resources for development activities.
- # The training of trainers (T-O-T) model, involving the use of local trainers, can provide credibility and resources and can help provide more opportunities for follow up.
- # Collecting baseline and follow-up data related to training may be difficult if there is significant distrust of government or if appropriate record-keeping systems are not in place.
- # Using in-country research organizations may involve providing extensive technical monitoring and assistance.
- # It is important to communicate with doctors and to solicit their support concerning activities with other health professionals.